


RECORDS RETENTION SCHEDULE APPROVAL REQUEST

STD. 72 (REV. 2-96) FMC

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|--|------------------------|---|-----------------------|--|
| <p>Submit three copies with three copies of the Records Retention Schedule, STD. 73.</p> | | (1) DEPARTMENT, BOARD OR COMMISSION | | |
| | | DIVISION, BUREAU OR OTHER UNIT | | |
| | | ADDRESS | | |
| TO: DEPARTMENT OF GENERAL SERVICES OFFICE OF INFORMATION SERVICES 1500 5th Street, Room 116 Sacramento, CA 95814 (or IMS C-39) (916) 445-2294 or CALNET 485-2294 | | CHECK THE APPROPRIATE BOX: (2) <input type="checkbox"/> New schedule of records that have never been scheduled. <i>(Complete boxes 5 - 8.)</i> (3) <input type="checkbox"/> Revising a previous schedule. <i>(Complete boxes 5 - 12.) (A new approval number will be assigned.)</i> (4) <input type="checkbox"/> Amending some pages of a previous schedule. <i>(Complete boxes 8 - 12.) (The original approval number will remain in effect.)</i> | | |
| NEW SCHEDULE INFORMATION <i>(If applicable)</i> | (5) SCHEDULE NUMBER | (6) SCHEDULE DATE | (7) NUMBER OF PAGES | (8) CUBIC FEET <i>(Total Schedule)</i> |
| PREVIOUS SCHEDULE INFORMATION <i>(If applicable)</i> | (9) SCHEDULE NUMBER(S) | (10) APPROVAL NUMBER(S) | (11) APPROVAL DATE(S) | (12) PAGE NUMBER(S) REVISED |


PART I -- AGENCY STATEMENTS

As the program manager (or person authorized to sign for the program manager) directly responsible for the records listed on the attached schedule, I certify that all records are listed, that I have reviewed the need for the records, (per Section 1611 of the State Administrative Manual) that each retention period is necessary and correct as scheduled, and (for a revised schedule) that all items on the previous schedule have been accounted for.


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| (13) SIGNATURE--MANAGER DIRECTLY RESPONSIBLE FOR THE RECORDS  | (14) TITLE | (15) DATE SIGNED |
|---|------------|------------------|

In accordance with Government Code 14755, approval of the attached Records Retention Schedule by the Department of General Services is hereby requested. Retention periods have been established by this agency after a careful evaluation of all the factors listed in Section 1667 of the State Administrative Manual.

I hereby certify that I am authorized to act on behalf of the head of this agency in matters pertaining to the retention and disposal of records. (Per Section 1611 of the State Administrative Manual.)

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| (16) SIGNATURE--RECORDS MANAGEMENT ANALYST  | (17) TITLE |
| (18) NAME <i>(Printed or Typed)</i> | (19) TELEPHONE (20) DATE SIGNED |

PART II -- DEPARTMENT OF GENERAL SERVICES APPROVAL *(Per Government Code Section 14755)*

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|---|----------------------|
| (21) SIGNATURE--OIS CONSULTANT  | (22) APPROVAL NUMBER |
| (23) TITLE | (24) DATE SIGNED |

PART III -- ARCHIVAL SELECTION *(Per Government Code Section 14755)*

ARCHIVES USE ONLY

THE ATTACHED RECORDS RETENTION SCHEDULE:

(25) ☐ Contains no material subject to further review by the California State Archives

(26) ☐ Contains material subject to archival review. Items stamped "TRANSFER TO ARCHIVES" may not be destroyed without clearance by the Secretary of State. *(Per Section 1614 of the State Administrative Manual.)*

(27) SIGNATURE--CHIEF OF ARCHIVES


(28) DATE SIGNED